

LSTA Reimbursement Request/Invoice Summary

Library Name: _____

Award Amount:_____ Amount Requested:_____

Address: _____

Project #:_____ Fiscal Agency Federal Employer #:_____

City: _____ Zip: _____

Is this your final Reimbursement Request? ☐ Yes ☐ No

Fiscal Agency (if different): _____

I have reviewed all documents included with this Reimbursement Request and certify that they are accurate and for activities approved in the grant application.

Street Address: _____

City: _____ Zip: _____

Fiscal Agent Signature

Grant Administrator Signature

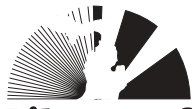
Date Submitted: _____

Typed Name and Title

Typed Name and Title

[illegible]

A complete, legible copy of each invoice must be attached to this form.



**Library of
Michigan**

Dept. of History, Arts and Libraries

LSTA Team

702 West Kalamazoo Street

PO Box 30007

Lansing, MI 48909-7507

Total Amount Per Page _____

80% of Amount Requested

(if applicable) _____